



BSAS Audio-TeleConference



**Motivational Enhancement
Therapy: A solution-focused
approach**



Presenters

Todd C. Campbell, Ph.D., CADC III

**Department of Counseling and Educational Psychology
Marquette University**

<http://www.marquette.edu/education/coep/>

David Barrett, M.S., CADC III

Center for Addiction and Behavioral Health Research

<http://www.uwm.edu/Dept/CABHR/>

**Special thanks to Susan Stacy & Cindy Solliday-McRoy for their
great help in developing this PowerPoint presentation.**



Motivational Enhancement Therapy (MET) Foundations

- ◆ **Motivational Interviewing- William R. Miller & Stephen Rollnick**
- ◆ **Based on principles of motivational psychology and social learning theory**
- ◆ **Stages of Change Model-Prochaska & DiClemente**



Motivational Enhancement Therapy (MET) *PLUS* Foundations

**Motivational Enhancement Therapy *plus*
Network Support and Skills Enhancement:
A treatment manual for
outpatient alcohol treatment**

David Barrett, Cheryl Rugg, Allen Zweben

**The Center for Addiction and Behavioral Health
Research at the University of WI – Milwaukee**



Why Use a Change Model?

- ◆ **Conceptual framework**
- ◆ **Enhances change process**
- ◆ **Recognize needs of clients**
- ◆ **Cooperative, collaborative, strength based**
- ◆ **Solution focused**
- ◆ **Non-pathological**



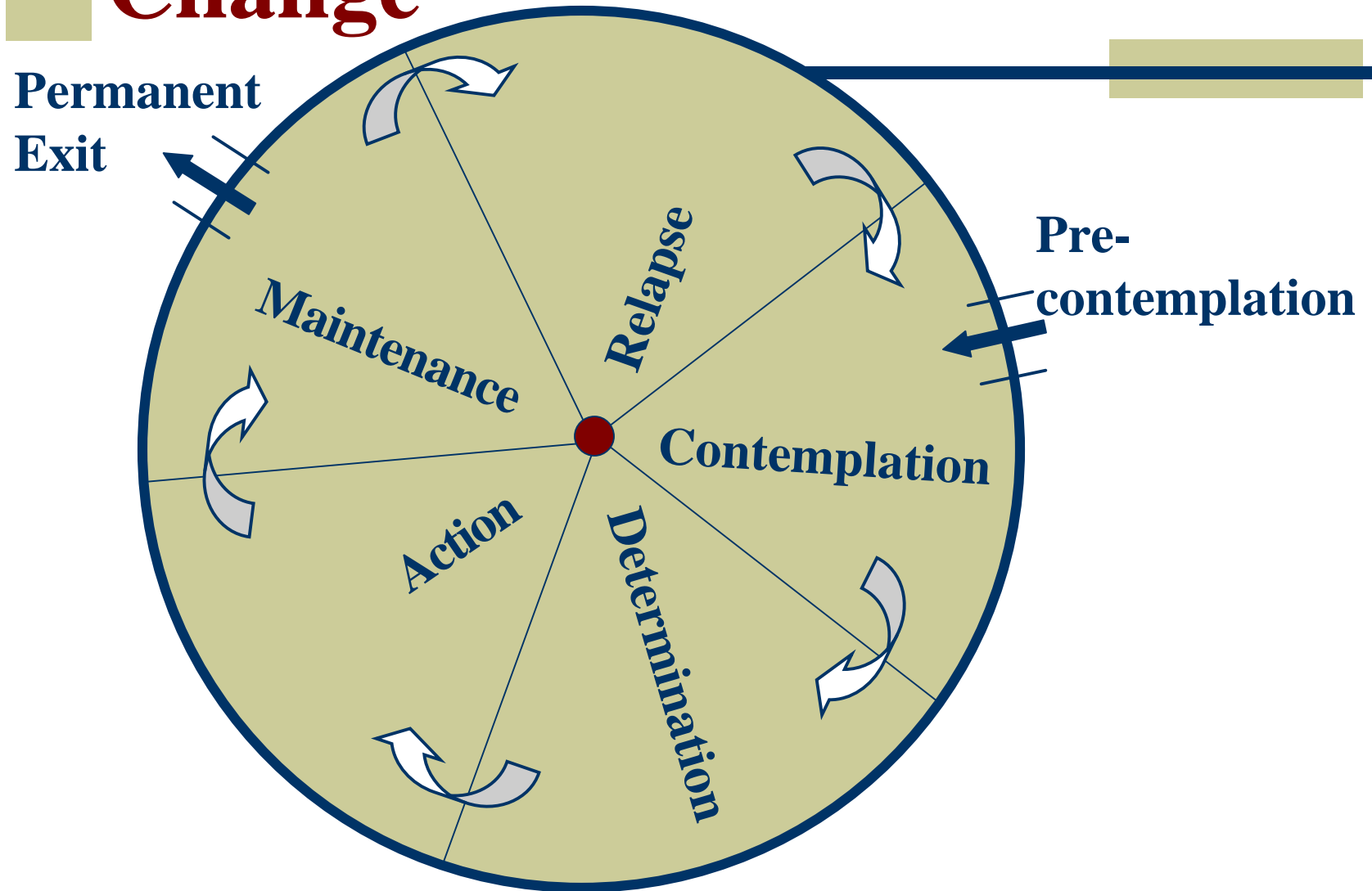
Stages of Change



- ◆ **Pre-contemplation**
- ◆ **Contemplation**
- ◆ **Determination/Preparation**
- ◆ **Action**
- ◆ **Maintenance**
- ◆ **Termination**
- ◆ **Relapse**

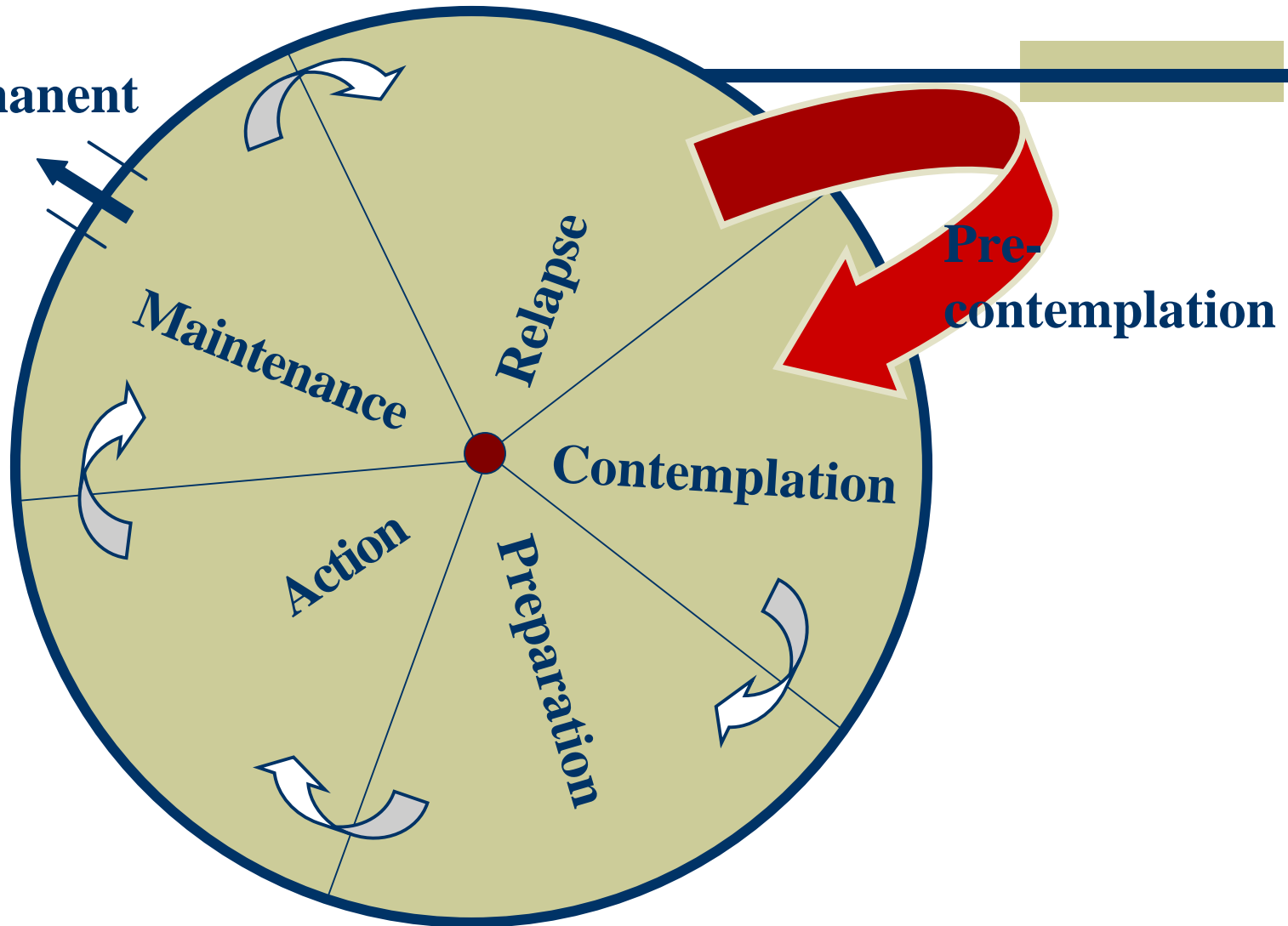
Prochaska & DiClemente, 1982

Stages in the Process of Change



Relapse

Permanent
Exit





Relationship Types

Brief Family Therapy Center, Milwaukee, WI



- Visiting Relationship. No goals, no complaint. May not even be sure why they're in your office. Example referral from probation officer. (Precontemplation stage)
Intervention: Compliments-invite them back
- Complainant Relationship. No clear goals, willing to identify a problem, but does not take responsibility for solutions. Example: "She's the problem and let me tell you about her." Good at observing. (Contemplation stage)
Intervention: Observation task



Relationship Types

Brief Family Therapy Center, Milwaukee, WI



- Customer Type. Clearly defined goals, responsible and capable of carrying out solutions. (Preparation/Action stage). Intervention: Action task.
- If it's working--DO MORE OF IT!
- If it's not working---DO SOMETHING DIFFERENT!!



Definition of Motivation

Motivation:

**A probability that a client will
engage in a particular
behavior**



FRAMES



- ♦ **FEEDBACK** of personal risk or impairment
- ♦ **Emphasis** on personal **RESPONSIBILITY**
- ♦ **Clear ADVICE** to change
- ♦ **a MENU** of alternative change options
- ♦ **Therapist EMPATHY**
- ♦ **Facilitation** of client **SELF-EFFICACY** or optimism



Basic Principles



- ◆ **Express Empathy**
- ◆ **Develop Discrepancy**
- ◆ **Avoid argumentation**
- ◆ **Roll with resistance**
- ◆ **Support self-efficacy**



Change Talk: Using Solution Language

Brief Family Therapy Center, Milwaukee, WI

- Assumptive Questions. Assume success! Not “if”, but “when!”. “When you are staying sober...”
- Presence vs Absence. Change must be the presence of something-It can not be the absence of behavior. “When you are staying sober, what will you be doing differently?”
- Exception Questions. “Have there been times when this problem hasn’t happened? Tell me about that.”



Change Talk: Using Solution Language



- Future Oriented Questions. “Tell me how your life will be when you’ve solved this problem.” Miracle Question, Video Question.
- Normalizing Statements. “Not uncommon” “me too” statements--(use judiciously)
- Depathologize and Reframe.



Change Talk: Using Solution Language

- Circular Questions. Connect the systems with the solutions. “What will your parents see first that will let them know that you’re serious about making these changes?”
- Scaling Questions. “On a scale of 1-10....50% or 70 %...”. Willingness, satisfaction, motivation etc. (use circular questioning here too--IT’S FUN)
- WOW!!!!

Goal Setting

- Small
- Specific
- Realistic
- Concrete
- Behavioral
- Important to the client
- Perceived to involve hard work





Phase 1: Building Motivation for Change

- ◆ **Elicit self-motivational statements**
- ◆ **Listen with empathy**
- ◆ **Avoid argumentation-Use Ambivalence**
- ◆ **Questioning**



Phase 1: Building Motivation for Change (Continued)

- ◆ **Present personalized feedback**
- ◆ **Affirm the client**
- ◆ **Handle resistance**
- ◆ **Reframe**
- ◆ **Summarize**

Pre-contemplation

Client's Activity/Attitude

- ◆ Unaware or under-aware
- ◆ Deny extent or effect of behavior

Counselor's Role

- ◆ Increase client's perception of risks and problems
- ◆ Start the change process moving
- ◆ Raise doubt

Understanding— Pre-contemplation

Statements

- ♦ “I only drink as much as my girlfriend does when we are out.”
- ♦ “I can quit when I want to.”
- ♦ “I’m okay just the way I am.”

Responses

- ♦ What are client’s reasons for counseling? concerns?
- ♦ What are client’s feeling about being forced to come?
- ♦ Give objective feedback
- ♦ Show clients you respect them and listen to their point of view
- ♦ Discuss how substance abuse can affect the client’s life (positive & negative)
- ♦ Provide choices

Contemplation



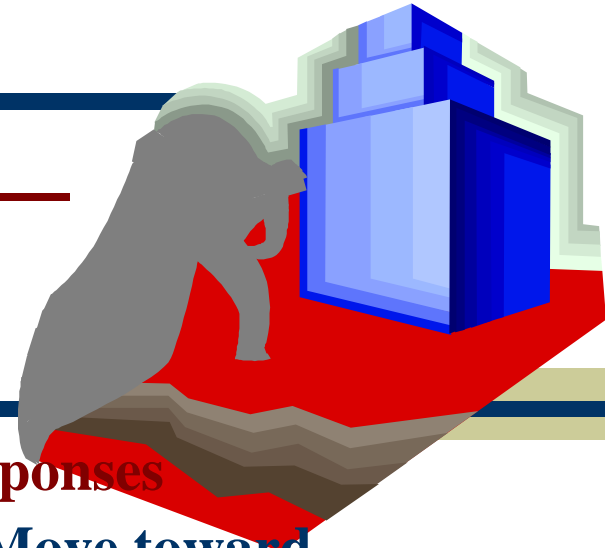
Client's Activity/Attitude

- ◆ Aware of personal problem
- ◆ Struggle to understand causes, cures
- ◆ Know where they want to go — not ready yet
- ◆ Weigh pros and cons

Counselor's Role

- ◆ Evoke reason to change — discuss risks of not changing
- ◆ Increase client's self-efficacy for change
- ◆ Resolve ambivalence
- ◆ Tip the balance

Understanding — Contemplation



Statements

- ♦ “I’ve thought about smoking less, but I’ve been so upset lately.”
- ♦ “I’d be unbearable to my family if I didn’t have a drink.”
- ♦ “I have too much to deal with right now to create more havoc in my life.”

Responses

- ♦ Move toward understanding how continuing behaviors gets in way of goals
- ♦ Discuss behavior fit with goals
- ♦ Explore positive & negative aspects of behavior
- ♦ Help clients understand their mixed feelings about behavior
- ♦ Explore what could be changed and how



Phase 2: Strengthening Commitment to Change

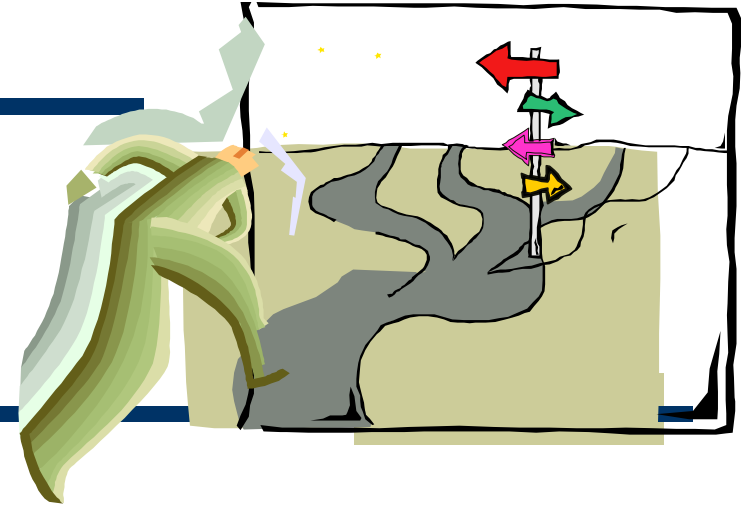
- ◆ **Recognizing change readiness**
- ◆ **Discuss the plan**
- ◆ **Communicate “free choice”**
- ◆ **Consequences of action and inaction**
- ◆ **Information and Advice**



Phase 2: Strengthening Commitment to Change (Cont.)

- ◆ **Emphasize abstinence**
- ◆ **Deal with resistance**
- ◆ **Change Plan Worksheet**
- ◆ **Recapitulating**
- ◆ **Ask for commitment**

Determination



Client's Activity/Attitude

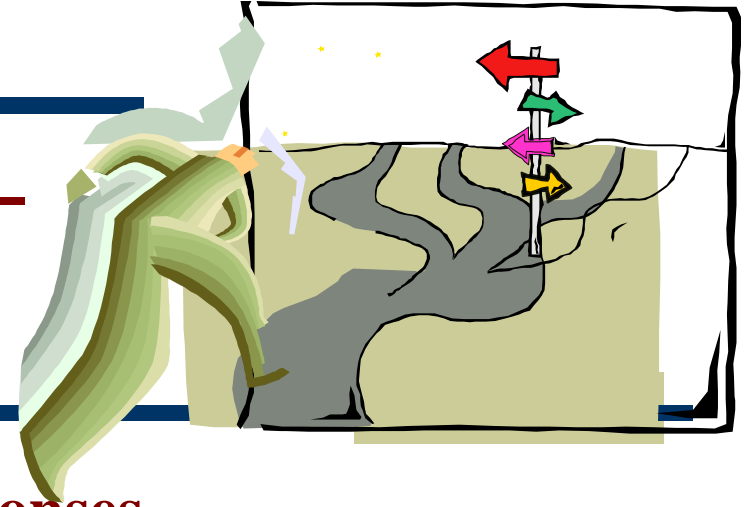
- ◆ Reached decision that it is time to change
- ◆ “I can’t go on like this.”
- ◆ Report some small behavioral changes

Counselor's Role

Assist client in

- ◆ determining the best course of action for change
- ◆ sorting through and determining alternative change strategies

Understanding — Determination



Statements

- ◆ “If I stop drinking after work, I’ll have time and energy to do what I really want and enjoy.”
- ◆ “If I stop using I’ll be able to stay alive.”

Responses

- ◆ Assist clients in viewing their lives and behavior in new ways
- ◆ Encourage clients to focus on the positive aspects of change
- ◆ Help clients to develop strategies that make changing behavior a priority

Action



Client's Activity/Attitude

- ◆ Change behavior and environment affecting behavior
- ◆ Self-esteem increases
- ◆ Modification of target behavior to acceptable criterion
- ◆ Significant overt efforts to change

Counselor's Role

Help client to

- ◆ carry out strategies for change
- ◆ comply with treatment
- ◆ make steps toward change

Understanding— Action



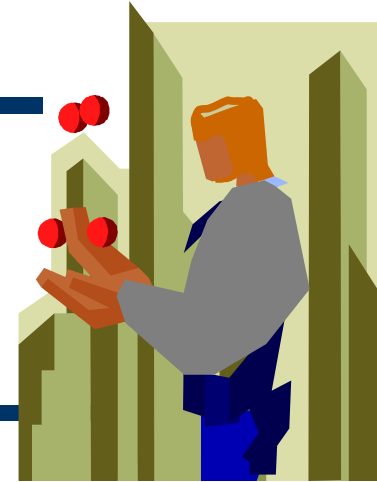
Statements

- ◆ “I’ve cut down on the number of days I drink.”
- ◆ “I need to get to see someone about this problem right away.”

Responses

- ◆ Encourage desire to change
- ◆ Help develop confidence in ability to change
- ◆ Assist client in accepting responsibility to change
- ◆ Fully assess and understand the problem
- ◆ Develop realistic goals
- ◆ Explore client’s coping strategies
- ◆ Help client decide on healthy alternative activities

Understanding— Maintenance



Statements

- ♦ “I went for a walk when I got upset the other day.”
- ♦ “I’m staying away from places where I used to use drugs.”

Responses

Help clients

- ♦ develop a balanced lifestyle
- ♦ explore alternatives, options, and goals
- ♦ identify potential relapse situations
- ♦ plan coping strategies to avoid relapse
- ♦ continue process of change
- ♦ by identifying and reinforcing positive changes
- ♦ find self-help/mutual-aid groups

Relapse



Client's Activity/Attitude

- ◆ Recover from lapse
- ◆ Avoid getting demoralized/stuck
- ◆ Feelings of guilt

Counselor's Role

Help client to

- ◆ renew/resume change process ASAP
- ◆ recognize triggers
- ◆ view relapse as learning experience
- ◆ focus on strengths
- ◆ normalize

Understanding— Relapse



Statements

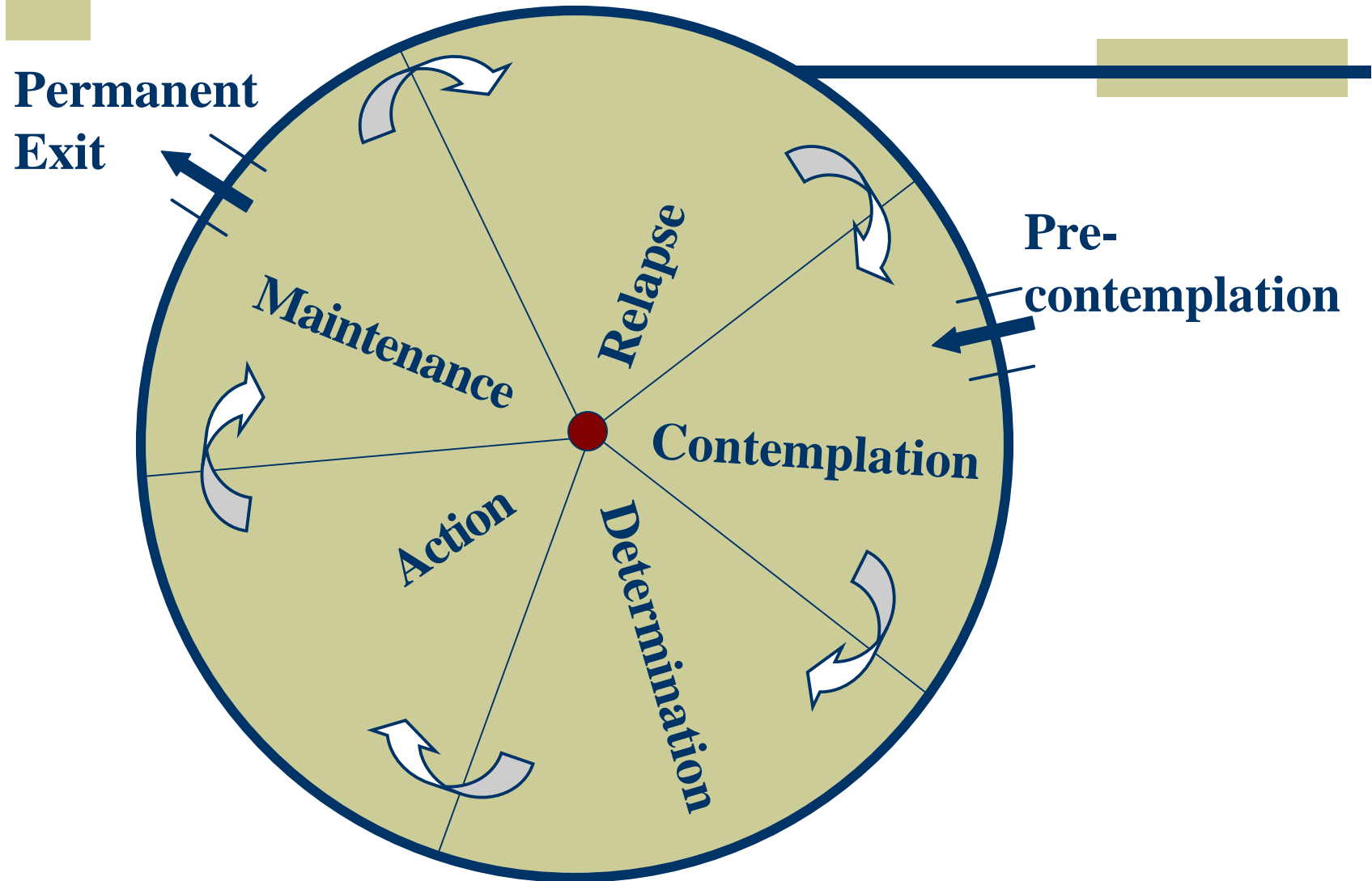
- ♦ “I couldn’t cope with my mother and ex-wife arguing.”
- ♦ “I got kicked in the teeth.”

Responses

Help clients

- ♦ develop a balanced lifestyle
- ♦ explore alternatives, options, and goals
- ♦ identify potential relapse situations
- ♦ plan coping strategies to avoid relapse
- ♦ continue process of change
- ♦ by identifying and reinforcing positive changes
- ♦ find self-help/mutual-aid groups

Summary



Termination



Client's Activity/Attitude

- ◆ Temptation is non-existent
- ◆ View self as changed person

Counselor's Role

**Congratulate and
Celebrate work in
changing behavior**



Selected Bibliography

- Berg, I, & Miller, S.D. (1992). Working with the problem drinker. New York: W.W. Norton.
- Campbell, T. C., & Brasher, B. (1994). The pause that refreshes: Opportunities, interventions and predictions in group therapy with cocaine addicts. Journal of Systemic Therapies, 13, 65-73.
- Pulvino, C. J., & Campbell, T. C. (1994). The way it will be, is: Reunion groups! Journal for Specialists in Group Work, 19, 162-167.
- Brasher, B., Campbell, T. C., & Moen, D. (1993). Solution oriented recovery. Journal of Systemic Therapies, 12, 1-14.
- Miller, W.R., Meyers, R. J., Tonigan, J.S. (1999). Engaging the unmotivated in treatment for alcohol problems: A comparison of three strategies for intervention through family members. Journal of Consulting & Clinical Psychology, 67, 688-697.
- Miller, W.R. & Rollnick, S. (1991). Motivational interviewing: Preparing people to change addictive behavior. New York: Guilford Press.
- Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to addictive behavior. American Psychologist, 47, 1102-1114.
- Prochaska, J.O., & Norcross, J.C. (1996). Systems of psychotherapy: A transtheoretical analysis (3rd ed.). Pacific grove, CA: Brooks/Cole.
- Tucker, J.A., Donovan, D.M., & Marlatt, G.A. (Eds.) (1999). Changing addictive behaviors: Bridging clinical and public health strategies. New York: Guilford Press.